

WESD VOLUNTEER AGREEMENT

I hereby acknowledge that I have read Washington Elementary School District’s Volunteer Handbook and will abide by its contents and all other applicable Washington Elementary School District policies and procedures.

I understand that as a volunteer, I am not compensated for any services including wages and insurance. I further understand that I have the right to terminate my arrangement at any time, with or without cause, and that the Washington Elementary School District has a similar right.

I understand that each child is entitled to his or her privacy and agree to treat information regarding each child and teacher as confidential. I understand the importance of **CONFIDENTIALITY** and will keep all **confidential matters confidential**.

VOLUNTEER CODE OF CONDUCT

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will sign in at the principal’s office or the designated sign-in station.
2. I will wear or show a volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students without the authorization of teachers and/or school authorities.
5. I will not solicit outside contact with students.
6. I agree not to exchange telephone numbers, home address, e-mail addresses or other home directory information with students for any other purpose.
7. I will maintain confidentiality outside of school and will share any concerns that I may have with teachers and school administrators.
8. I agree to not transport students.
9. I will not disclose, use or disseminate student photographs or personal information about students, self or others.
10. I agree not to post, transmit, publish or display harmful or inappropriate matter that is threatening, obscene, disruptive or sexually explicit or that could be construed as any form of harassment.
11. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

PLEASE PRINT:

Volunteer Full Name _____ **Phone Number(s)** _____

Address _____

Student Name _____ **Teacher** _____

Student Name _____ **Teacher** _____

Student Name _____ **Teacher** _____

Student Name _____ **Teacher** _____

Your Relationship to Student(s) _____

Return completed form (both sides) to the school office manager or program supervisor.

REFERENCE INFORMATION (Personal or Business)

Name: _____

Current or Most Recent Employer Name: _____

Supervisor Name: _____ Telephone Number: _____

EMERGENCY INFORMATION

In case of emergency, contact: _____

Home telephone number: _____ Cell phone number: _____

I agree to immediately report to the volunteer coordinator if I am arrested for or charged with any nonappealable offense listed in A.R.S. §41-1758.03(B). Failure to do so shall result in the immediate revocation of the right to volunteer in the District. I understand that an arrest for or charge with any nonappealable offense may result in suspension or dismissal of services.

My signature certifies that all statements made on this application are true, complete and correct to the best of my knowledge. I understand these statements are subject to verification.

My signature gives authorization for Washington Elementary School District to perform driver, criminal and reference checks, as needed.

Signature: _____ Date: _____

AGREEMENT TO SUPERVISE WESD VOLUNTEER

The employees listed below understand that _____ (volunteer's name) is a volunteer who will be providing services to _____ School. I agree that while this volunteer is providing services to students, he/she will be under my direct supervision. "Direct Supervision" means under the direction of and, except for brief periods during a school day or a school activity, within sight of an employee. I also agree that while this volunteer is not providing services to students, he/she will be under my general supervision. This Supervision Form will be kept on site for one year after the volunteer concludes his or her volunteer activities.

Supervising Employee's Signature _____ Date _____

Supervising Employee's Signature _____

Date _____

Supervising Employee's Signature _____

Date _____

Supervising Employee's Signature _____

Date _____

Principal's Signature _____

Date _____

Confirmed in Synergy Initial/Date _____